

County of Los Angeles Department of Mental Health

Notice of Press Contact

FACSIMILE
(DO NOT MAIL. FAX ONLY)

TO: _____, Public Information Officer

FAX: (213) 386-1297

FROM: _____

PHONE: _____

LOCATION: _____

DATE OF CONTACT: _____

NAME OF MEDIA PERSON: _____

NAME OF MEDIA: _____

PHONE: _____

DATE AND TIME WHEN INFORMATION WILL BE PUBLISHED OR BROADCAST:

Briefly describe the information requested by media and your response (use additional sheets if necessary).